Devon LMC

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Your Local Medical Committee representing and supporting General Practice

Serving General Practices in:
Devon County
Plymouth
Torbay

So the Plan is?

By Dr Anthony O'Brien, Chair of the Northern and Eastern LMC Sub Committee and LMC Board Vice Chair

At the National Conference of LMCs last month someone suggested that STPs were more like STDs: you wish you didn't have one but once you do it cannot be ignored. I hope this article, like a trip to the GUM clinic, will provide explanations and answers as well as being positively reassuring about future relationships.

A STP is a Sustainable Transformation Plan and the P is the most important part of this. Lots of people seem to work under the banner but there are only three people directly employed under the STP in Devon; everyone else is conscripted from other jobs (bit like doing a regular locum on a day off). Therefore STPs do not have an identifiable accountability structure nor any legal framework. They are powerful and their ethereal nature makes them even stronger. Their laudable aim is to remove the internal market system by changing the purchaser/provider structures into ACDS (Accountable Care Delivery Systems). These will be an amalgam of Hospital Trusts, Community Services, Mental Health organisations, local councils, Public Health and Primary Care representatives; effectively all health and social care providers in a defined locality sitting around the same table.

The current Plan has two problems. The first is the need for a powerful GP presence at the future ACDS table. A Trust Chief Executive can make decisions on behalf of their organisation but there is no-one who can do this for GPs. Our power is our independence but this paradoxically makes it difficult for us to influence. Whilst the LMC negotiates for all GPs to get safe, sensible, properly remunerated local contracts it is ultimately up to individual practices to decide whether they wish to sign them. 'Working at scale' is a Government coined term that scares many GPs into thinking their individual autonomy is threatened. This does not have to be the case. Provider Groups (Federations/alliances of practices) have already formed throughout Devon to access the 'at scale' funding on offer. If coordinated these groups could present a powerful face to their local Hospital Trusts and other organisations within the new system. It is with this in mind that the LMC is helping to set up Collaborative Boards (so new they have not yet got an acronym). Representatives selected by each Provider Group will sit on each area's Collaborative Board (Northern, Eastern, Western, SD&Torbay). The LMC will be in attendance in all the rooms to listen, guide, protect and lead where required to ensure no GP practices are left out. Ultimately it is important to realise that these Collaborative Boards can only ever be sounding boards as they cannot have a mandate to make decisions on behalf of practices. If the system works then GPs in each locality area via their Collaborative Board will have the chance to design the 'at scale' schemes that fit their

own specific community needs. This is the equivalent of helping to bake the cake but only having to eat it afterwards if you want to.

This brings us to the second related problem, Intermediate Care The Plan of relocating bed-based care into the community will evidently result in more complicated sicker patients in their own homes. This is a potentially enormous transfer of work that needs recognition and appropriate resources. Hopefully Collaborative Boards will give GPs a loud enough voice to ensure those around the top tables understand how Primary Care works. With a combined effort the LMC in cooperation with Collaborative Boards will be able to have a strong influence in the design and scope of Intermediate Care.

It was evident at the National Conference that due to our large number of community hospitals the threat of Intermediate Care is more prominent in Devon. However we are also further ahead than most areas in developing systems to protect General Practice. There is a place for both big and small GP practices within this system and individual practice autonomy will remain. We have a STP and your partners need to know about it; hopefully it will actually strengthen relationships and make Primary/Secondary Care interface more enjoyable and productive. It is certainly a concept that is worth exploring and Collaborative Boards will hopefully facilitate this.

Devon LMC then and now – a personal reflection

By Dr Mike Richards, Medical Secretary at Devon Local Medical Committee

It was never part of my career plan to enter anything resembling medical politics but suddenly, as a relatively new GP principal our senior partner went off long term sick and the tradition at the time was that a practice partner would take his place on the Torbay LMC subcommittee. That was over 25 years ago and now I find myself looking back over multiple NHS and LMC structural changes but still the same agenda to represent and support GPs and practices.

Torbay LMC was at the time supported by the PA to the Hospital Chief Executive, taking minutes using shorthand, typing and then posting them out to members, not an iPad in sight, no interruptions from mobile phones, but the occasional pager did go off.

We rapidly moved from different sized health authorities to PCGs soon followed by PCTs which came and went, reappearing with the same people but covering a different geographical footprint. Devon LMC tried to adapt to these changes, with subcommittee structures moving around when necessary, but the work changed little for so many years – the emphasis being on local communications with local organisations.

As the scale increased it became clear that Devon LMC needed to work both across the county as well as locally and it was then that the Board was formed and my personal involvement increased as I took on the role of Treasurer and supported the restructuring process.

Although it feels longer, it was only four years ago that the next major change took place as we finally replaced the traditional GP Executive Chair role with a leadership team comprising highly skilled professional managers working alongside clinical Medical Secretaries. The work had by now expanded hugely with far more organisations to work alongside, multiple sets of negotiations, an increasingly complex GP contract and an end to the times of plenty. Gone were the days of discussing how to invest money into general practice, welcome to the new world of what can we stop being taken from general practice.

In taking on the new role there was no real job description and experience has shown that no two working days are the same. From trying to sort out forms being handed to GPs to negotiating to monitoring contract payments, there is no clue as to what is coming next – a bit like morning surgery in some ways.

The biggest shock to me has been the move over the past four years from occasional requests for support by a GP with personal difficulties to this being a weekly occurrence. Further it is no longer only individuals but whole practices that

are struggling and desperately in need of support. The thought of a contract being handed back was unimaginable only a few years ago.

After over 25 years working with Devon LMC the time has come for me to retire. I have thoroughly enjoyed the various roles and encourage GPs in Devon to think seriously about not only what they may have to give to Devon LMC and their colleagues but also how much satisfaction there is to be gained.

Finally, I would like to thank all those I have worked with, particularly the current leadership team. If you want to see a functioning team in action look no further. I am sure Paul and Rachel will do a great job working alongside Mark as Medical Secretaries and wish them well. I will remain a thorn in their sides as Treasurer and, despite not being in the office so regularly, will still be watching how your hard-earned levy is being spent.

Introducing new LMC Medical Secretary Dr Paul Hynam

I am thrilled to have been appointed as the LMC's Medical Secretary. I've been a GP partner in Exeter for 10 years, a role that I absolutely love. I'm a keen promoter of general practice and its essential role at the heart of a high quality health service.

Although the NHS is currently going through a period of transition, I believe with good leadership GPs can continue to provide an excellent service for patients as well as maintain our status as independent contractors.

I see the LMC as a dynamic organisation with robust leadership, a group who will stand up for the core values of general practice. On our current journey, working with the local Sustainability and Transformation Plan leaders, it is important that GPs have a strong voice and it is the LMC that serves such a function.

I bring a number of skills that will strengthen the LMC team. I have worked as a Medical school small group facilitator for a number of years and I am a GP trainer. My interest in education also led to time as a Programme Director for Exeter VTS. These roles have developed my facilitation skills, an essential tool in my new post. I have also evolved an interest in coaching partly through both the educational aspects of my career and personal interest. I believe that easy access to coaching and pastoral support will be absolutely crucial in maintaining a healthy GP workforce.

I've had a passion for medical politics throughout my career and my interest has increased since joining the Board of Exeter Primary Care just over three years ago. During this time I have developed a good understanding of the local and national healthcare networks and relationships that will certainly add to the skills I'm bringing to the LMC.

I see a number of challenges ahead, particularly workforce sustainability/resilience, the transfer of work from the hospitals into the community and of course the day to day financial struggles for practices. I expect to be dealing with issues such as this early in my new role.

The LMC is absolutely essential in protecting our future as GPs. I think we offer a crucial perspective as well as important facilitatory role and I'm excited to be joining such a great team.

Away from medicine I invest a lot of time in family and friends. I'm a keen sportsman, a particularly 'enthusiastic' cricketer and you'll often find me cycling or running. I love the 'banter' of sport and truly value time spent with a team. I love the idea of 'experimental' cooking, but accept that I'm not quite there, just yet!

- The LMC's other new Medical Secretary Dr Rachel Ali will be introducing herself in next month's newsletter.

Politicians must commit to stabilising general practice

Ahead of the General Election, the BMA calls on all political parties to:

- ensure the best possible patient experience by putting in place the necessary funding and support to deliver manageable, safe workloads for GPs
- make general practice more attractive as a career option to increase recruitment and retention of the GPs upon which the health service relies.

At the end of 2014, the Five Year Forward View estimated that the NHS in England is heading for a funding shortfall of nearly £30 billion a year by 2020/21. This shortfall is particularly felt in general practice, which has seen its proportion of NHS funding fall from 10.4% in 2005/6 to 8.1% in 2015/16, leaving practices receiving an average of only £164 per patient to deliver a year of general practice care, leaving an effective funding deficit of at least £2.5bn.

Coupled with funding shortfalls, the UK also has a growing and aging population, which has led to increased demand in general terms, as well as increases in patients suffering comorbidities and complex health needs.

Download the BMA manifesto briefing on general practice

Preparing for a CQC inspection

The GPC has produced a practical step by step guide for GP practices that are preparing for their CQC inspection. Read more here

Capita and the NHS pension fiasco – what is going on?

Dr Krishan Aggarwal, Deputy Chair of the GPC sessional Subcommittee, provides an update from recent meetings with NHS England and Capita (PCSE) about sessional GP issues. Read more here

New locum GP handbook

Whether you are a locum GP or an employer of locum GPs, there's a lot to think about. The new local GP handbook provides comprehensive, clearly signposted advice and guidance on all aspects of locum work, advice on starting out, setting up your business and establishing a contract for services with a provider.

The handbook is also an essential tool for GP providers. Get advice on recruiting locums and your responsibilities so you can be a good employer. Read more here

GP numbers have decreased in first year of NHS rescue package

The number of full-time-equivalent GPs has decreased in the first year since NHS England released its rescue package designed to alleviate the GP recruitment crisis, official figures have revealed.

The provisional figures, released by NHS Digital, show that there has been an increase of 36 in FTE GP numbers excluding locums in the first three months of 2017, as the reporting of locum figures has changed in the meantime.

However, the figures also reveal that the number of FTE GPs has fallen by 542 since NHS England released its *GP Forward View* in April last year, designed to meet Health Secretary Jeremy Hunt's target of 5,000 extra FTE GPs by 2020. It also means that numbers have actually decreased since the target was set in September 2015 – meaning the Government now has to recruit 5,220 FTE GPs to meet its target. Read more in the Pulse article

General practice at scale: is it working for frontline GPs?

The Nuffield Trust has examined how the move to large scale general practice is working on the ground. Read more here

Referrals for eye conditions in Devon

Optometrists across Devon currently refer patients to the hospital eye departments via the Devon Referral Support Service.

Referrals for cataract surgery must conform to an agreed cataract criteria issued by both NEW Devon and South Devon and Torbay Clinical Commissioning Groups. The criteria is strict and cataract surgery will be routinely commissioned only in the following circumstances:

There is sufficient cataract in the eye proposed for surgery to account for the patient's visual symptoms AND one or more of the following criteria apply:

- Best corrected visual acuity of 6/12 or worse in the affected eye AND the patient experiences one or more of the following due to subjective loss of visual performance:
    - Difficulty in accomplishing everyday tasks.
    - Reduced mobility, visual problems when driving or experiencing difficulty with steps or uneven ground.
    - Ability to work, act as a carer or live independently is affected.
- Patients who experience disabling problems with glare and a reduction in acuity in daylight or bright conditions or reduced contrast sensitivity.
- The patient has a best corrected visual acuity of better than 6/12 in the affected eye but they are working in an occupation in which visual acuity better than 6/12 is essential to their ability to continue to work.
- Where there is anisometropia following cataract surgery with a refractive difference between the two eyes of at least +/- 2.0 dioptres resulting in poor binocular vision or diplopia.
- Patients with rapidly progressive myopia.

More information on the criteria for cataract surgery can be found on the formulary referral guidance here We understand that due to time constraints and equipment availability that advising a patient whether they meet or don't meet these criteria is challenging in a GP practice setting. Therefore we would welcome working in partnership with GPs and would suggest that GPs advise their patients to attend a sight test appointment at their local opticians so that the patient can be advised appropriately on what treatment is available and whether they meet the criteria for NHS funding.

Seek advice before signing lease agreements

Local GP practices are encouraged to seek support and advice from the LMC before signing any lease agreements with NHS Property Services or CHP.

New online discussion forum for GPs and Practice Managers

Dr Jim Forrer has launched a new online forum where local GPs and Practice Managers can discuss issues such as best practice, hot topics and new national guidance.

'Slack' is a communication tool that allows discussion using your phone, desktop or tablet. After signing up to the group you can download the app (phone, PC, Mac or tablet) and see the discussions and contribute.

A draft version of the general practice strategy will be shared using 'Slack' alongside the usual channels.

You can sign up here: https://devongp.slack.com/signup

Please remember not to disclose patient identifiable information using this communication channel and be mindful about what you post from a legal and ethical perspective.

Should you promote a non-GP into your partnership?

The changing nature of running a GP practice, with all its pressures and complexities, means that most GP partnerships now recognise the need and benefit of having skilled managers supporting them.

One area where this is having a noticeable impact is within the structure of GP partnerships themselves. While it is still relatively rare, it is becoming more common for non-GPs – such as nurse practitioners, business managers or practice managers – to be offered partnership.

There are many reasons why a GP partnership may consider going down this route and it can have potentially broad-reaching benefits for a practice. DR Solicitors take a closer look at what those benefits may be, along with the key legal issues that can arise. Read more here

Why is a partnership offer letter so important?

Taking on a new partner is a significant step for any GP practice – and it is important to get it right from the outset.

Once a new partner has been selected, a partnership offer letter should be next on the agenda. The letter will act as written confirmation of the key terms of the appointment. By properly documenting and setting out the terms in this way, the offer letter can provide some protection for the partnership until the partnership deed is updated and reduces the risk of dispute over the offered terms. Read more from DR Solicitors here

Dealing with property in a GP practice merger

There is a lot to think about when merging practices. Issues include transfer of staff by TUPE, creating joint accounts, agreeing profit shares, drafting a new partnership agreement, aligning ways of working, dealing with the CQC and NHS England, and more.With so much to think about and with limited time and resources, merging practices are often tempted to put the properties to one side to be dealt with later. DR Solicitors explain why it's best to have a plan for managing property issues from the outset. Read more here

GP practice funding: What you need to know about the District Valuer

Most GP practices will come into contact with the District Valuer Service (DVS) at one time or another. The DVS plays a key role in issues surrounding GP premises funding and has the potential to significantly impact on a surgery's finances. There are many reasons why a practice and the DVS may cross paths, including: notional rent reviews, practice valuations and in relation to proposals for significant building works. What's important to remember is that the DVS is working to protect the interests of NHS England, not your practice. Read more from DR Solicitors here

Planning to retire as a GP soon?

The unprecedented pressures on General Practice combined with the age profile of the profession are creating a wave of partner retirements. What should you be thinking of before drawing your pension? DR Solicitors offer advice

The effect of Dr Google on doctor-patient encounters in primary care

A new study explores how searching for online health information before visiting a GP influences patients' behaviour during the consultation. Read the report here: http://bjgpopen.org/content/early/2017/05/12/bjgpopen17X100833

High uptake for new GP Health Service

A dedicated treatment service for GP mental health already has a caseload of over 500 patients, despite only launching in January. Some 508 GPs are registered as active cases with the GP Health Service. Any registered GP in England with a mental health issue may refer themselves to the service by phone or online. GP Health Service chief executive Lucy Warner said that the numbers were 'higher than expected but not excessive'. Read the Pulse article here

Practice Managers Conference – save the date

The LMC will be holding its annual Practice Managers Conference from noon on Wednesday, 29 November until 4:30pm on Thursday, 30 November – so save the date!

Key themes at the conference will include risk management, working at scale, managing and coping with change, employment law, premises and maximising income.

The logistics are being worked up, but we can confirm that the venue will be the Sidmouth Harbour Hotel in East Devon. We will communicate further details – including the agenda and how to sign up – in due course. The cost of the conference will be £75 a head.

Expressions of interest to attend the event should be emailed to richard.turner@devonlmc.org

Primary Care Support England update about superannuation for local PMS practices

From April 2017, the rate for employers superannuation increased by 0.08% for all GP practices.

Due to the PMS payment date for your area being earlier than the system update, this increased rate was not deducted from the payment made to your practice in April. The May deductions were correct at 14.38%. The rate deducted from your payment for June will be 14.46% to allow for the April 2017 0.08% adjustment.

From July 2017 the superannuation deductions from your practice will revert to the new rate of 14.38%.

Top tips for a tip top probationary period

What does a probation period offer you as an employer? Is it just more administrative work, or maybe you already know what to expect of your employee and don't feel it's necessary?

There are many ways a probation period can help you as an employer, not least because it makes it clear to your new recruit that you are keen to ensure that their integration into the team is well managed. Setting a clear timeframe at the start of employment for assessment of your employee's suitability to the company and the role allows you room to make adjustments where necessary to get the best from them.

Most companies offer a probation period of at least three months, as this enables the employer to form a balanced view of the employee's performance in a variety of situations and under varying degrees of pressure and workload. Setting clear expectations is a great way to ensure your new employee is clear about their role – you could set out the areas of their role, and some key behaviours and activities you want them to demonstrate during probation, which they can then work through and collect evidence to aid your review. The most important thing to remember is that if you set a probation period, be sure to arrange to a formal review with the employee to finalise the probation part of their employment. This is crucial in developing a culture of performance management and makes it clear from the start that you are an organisation which is confident at setting clear standards and ensuring they are met.

When setting a probation period, do:

- Explain this to the employee at the start of their employment
- Set a firm date to review the employee's overall performance and make sure this happens
- Consider extending the period if there are areas of performance that you want to see better demonstrated – but be clear about what these are
- Confirm the outcome of the probation review in writing – highlighting areas of particularly good work, or areas where you want to see improvements
- Integrate the probation review into a formal performance management schedule and explain to the employee how often you intend to review their performance thereafter.

Don't:

- Leave all of your feedback until the probation review – tackle issues as they arise to ensure the employee is clear about your expectations
- Extend the probation period unless there is a good reason to do so.

You might also want to consider any training your employee might need, either initially so that they can learn to do the role you have hired them for, or after successful completion of the probation period, to enable them to extend their skills and abilities. This might be particularly prudent if the cost of training is significant, and you want to see some positive output from the new recruit before you invest in developing them for the future.

For more information, help and guidance on probation reviews, or any aspect of employment, visit our website at www.Sapiencehr.co.uk or call us on 01736 339384.

News from Devon LMC

AGM round-up

GPs from across Devon heard the LMC reflect on its work and achievements over the course of the past financial year at its Annual General Meeting (AGM).

Dr Bruce Hughes, LMC Chair, outlined a number of key successes and future workstreams as follows:

Key successes:

- 'Golden engagement thread' between the consulting room and the Commons.
- Helped shape national policy for general practice, eg firearms licence certification
- LMC representation on the national General Practitioners Committee – providing a link to the Government to influence contractual negotiations and improvements
- Expertise, input and robust challenge around the local Sustainability and Transformation Plan (STP) process
- Facilitative and leading role in establishing local Collaborative Boards
- Provided Practice Support to a number of vulnerable local GP practices and individual GPs/Practice Managers around issues such as workforce, finances, mergers and CQC inspections
- Provided pastoral support with a number of cases completed or ongoing
- Negotiations process – more funding for patient pathways optimisation, 1% uplift on all enhanced services, agreement to use Tracker Practices, funding for blood tests for particular medical conditions, ensure no erosion of LES and PMS budget.
- Hosted prominent local events including a workshop with Dr Arvind Madan, NHS England's Director of Primary Care and Dr Sarah Wollaston, Chair of Health Select Committee, plus the regional GPC Roadshow
- Prominent national and local media and social media exposure about the challenges facing general practice including coverage on Sky News Online, ITV Westcountry and Devon Live and endorsement via the GPC and Healthwatch Devon Twitter accounts
- Five-fold increase in the LMC's social media following
- Media campaign to encourage the public to attend GPs practices for their flu vaccinations
- Prudent management of LMC resources and finances.

Future plans and priorities for the LMC in 2017/18 include:

- Intermediate care
- Collaborative Boards/Accountable Care System
- Practice support
- Sustaining the LMC team.

Keynote speaker, Dr Nick Roberts, Primary Care Lead for the local Sustainability and Transformation Plan (STP), addressed the audience about the general practice workstream and pledged increased engagement with local GPs through the LMC and Local Collaborative Boards.

He also indicated that there would be new opportunities created for young emerging local GP leaders as part of the STP process.

Local GPs reiterated concerns about how any transfer in local activity from hospitals into the community will be funded and resourced, as general practice is already grappling with heavy demand on stretched services, and that planning assumptions must mitigate against this risk.

Education and Events in Devon

If you are interested in finding out about clinical events and educational opportunities available in Devon, please check the

Education and Events

section of our website:

www.devonlmc.org

Vacancies for GPs and practice staff in Devon and Locum GPs available for work

If you are seeking a position, or are a Locum GP seeking work in Devon, please look at the

Vacancies and Availability

section of www.devonlmc.org

If you have a vacancy to advertise, please complete this template: Advertisement Template for Practices.doc and send as an attachment to: admin@devonlmc.org

Produced by: Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX.

Copy submissions for July's newsletter should be emailed to richard.turner@devonlmc.org by noon on Friday, 23 June please.